

**Individual Support
Mental Health Adults
Medicaid Billable**

**Revised 12-20-10
Effective 04-01-07**

CODE:

T1019 = Individual Support

Individual Support Services are “hands-on” individualized assistance with everyday activities that are required by an individual with severe and persistent mental illness in order to live independently in the community. The services are provided for adults ages eighteen (18) and older and are intended to support a person in a private home or licensed group home who have a documented transition plan and want to move to independent housing. Individual Support can be billed while the person is living in the licensed facility or private home up to six (6) months prior to moving. Specifically, this service provides assistance with Instrumental Activities of Daily Living (IADL) including preparing meals, managing money, shopping for household necessities, using the telephone, housecleaning, laundry, transporting the individual to access the community, medication management, supervision and cuing. The goal is to provide coaching to the individual in areas of need and fade this support over time.

Provider Requirements

This service will be delivered by providers of Mental Health services that are contracted by PBH and meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and the requirements of 10A NCAC 27G. These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being endorsed by PBH. The organization must be established as a legally recognized entity in the United States and qualified/registered to do business as a corporate entity in the State of North Carolina.

Staffing Requirements

This service will be delivered by Paraprofessional staff employed by the contracted provider and supervised by that provider’s Qualified Professional. The Paraprofessional must have a high school degree and two (2) years of experience working with adults with mental illness.

All staff providing Individual Supports must complete training or continuing education in the following areas within the first ninety (90) days of employment will be required:

- Clinical and psychosocial needs of the target population;
- Psychotropic medications and possible side effects
- Drugs of abuse and related symptoms
- Crisis management
- Principles of recovery, resiliency and empowerment

<ul style="list-style-type: none"> ➤ Community resources and services, including pertinent referral criteria ➤ Individual/family support networking ➤ Diagnosis and clinical issues regarding the population served ➤ Client Rights ➤ Confidentiality/HIPPA ➤ Crisis Intervention and Response ➤ Infectious/communicable diseases ➤ CPR/ First Aid/Seizure Management ➤ Individual Support Planning to include goals/strategies ➤ Approved training on alternatives/restrictive interventions by a certified instructor prior to being alone with an individual as applicable for the individual ➤ Protective Devices/Usage as applicable for the individual ➤ Cultural Diversity/Awareness ➤ Knowledge of the Service Delivery System ➤ Medication Administration as appropriate for the individual
Service Type/Setting
Individual Support is a periodic service. It is intended to support an individual who is living in an independent residence, or who is transitioning to independent housing from a licensed residential facility within the next two (2) months. This service is available to those residing in non-licensed supported housing where there is not twenty-four (24) hour staffing. This service is not available to those living in licensed adult care homes or other licensed community based residential settings, or who are maintained within a family residence except for two (2) months prior to moving to independent housing.
Program Requirements
Individual Support is a one on one service provided directly to the individual. The service must be reflected in a Service plan based on a Individual Support Planning process that reflects the strengths, needs and preferences of the person served. The goals incorporated into the Service Plan must justify the hours requested, and must include a step-down plan which identifies and utilizes natural supports.
Utilization Management
Prior authorization is required. Units are provided in fifteen (15) minute increments. No more than 240 units per month/ sixty (60) hours per month of Individual Support may be provided unless specific authorization for exceeding this limit is approved. Initial authorization of services may not exceed ninety (90) days. Reauthorization will be at a minimum of one hundred and eighty days (180). Individual Support is a help, coach and fade service; goals and strategies must be documented in the Service Plan.
Entrance Criteria
Adults eligible for this service must be age eighteen (18) or older, must have a diagnosis of Severe and Persistent Mental Illness (SPMI), and must demonstrate a deficit in at least one Instrumental Activity of Daily Living (IADL). A LOCUS level of II or greater is required.
Continued Stay Criteria
The individual continues to demonstrate need for the services as outlined in the Entrance Criteria.

Discharge Criteria
Discharge should occur when the individual's level of adaptive functioning has improved, as demonstrated by improvement toward measurable goals outlined in the Service Plan, LOCUS level, or when the individual has been transitioned to natural supports or has developed skills to function independently.
Expected Outcomes
The individual should demonstrate improved proficiency in skills required for the IADL(s) as outlined in the service plan.
Documentation Requirements
Minimum standard is a daily full service note that includes the individual's name, Medicaid identification number, and date of service, purpose of the contact, duration of the service, task addressed, support provided, and effectiveness of the intervention, provider signature and credentials of the staff person. .
Service Exclusions/Limitations
<p>This service is not intended for individuals living in a family residence (unless during the transition period) as it is intended to support the independent living needs of the individual. Individual Support may not be provided by an individual's family member.</p> <p>Individuals between the ages of eighteen (18) and twenty-one (21) may not live in a Medicaid funded child residential treatment facility.</p> <p>For individuals living in licensed residential settings this service may not exceed two (2) months.</p> <p>Individual Support may not be provided during the same authorization period as the following services:</p> <p>Partial Hospitalization ACTT Community Support Team SAIOP (Substance Abuse Intensive Outpatient) SACOP (Substance Abuse Comprehensive Outpatient)</p>
<ul style="list-style-type: none"> • The individual may not receive (b) (3) services if they receive services from or are enrolled in any other waiver. • (b) (3) services are not an entitlement and as such, are not subject to appeal or EPSDT. • (b) (3) services are only available up to the capitation amount provided to fund these services. • (b) (3) services, with the exception of Psychiatric Consultation, are not available to participants of all state 1915 (c) waivers. • This service may not be provided by family members.